



Bode Cellmark Forensics Missing Persons Program Family Reference Submission Form

Before Bode Cellmark can begin processing, this form must be filled out in its entirety. Please submit along with the evidence or directly to Bode.Service@bodetech.com. Required sections are noted. Omission of required information will cause a delay in the start of the testing.

Bode Cellmark Case Number (to be filled out by Lab): _____

Submitting Agency Reference/ Case Number: _____

Select type of service: Standard Service – Turn Around time is as follows: Serology, STR (Short Tandem Repeat), Y-STR & miniSTR analysis: ~12 weeks mtDNA (mitochondrial DNA) Analysis: ~16 weeks														
Expedited Service – Select Turn Around time: SUBJECT TO RESTRICTIONS, AVAILABILITY AND ADDITIONAL FEES APPLY. Please contact Technical Services prior to submission of an Expedited Case. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Serology, STR, Y-STR & miniSTR</td> <td style="width: 33%; border-bottom: 1px solid black;">Mitochondrial DNA Analysis</td> <td style="width: 33%;"></td> </tr> <tr> <td>5 Business Days</td> <td>10 Business Days</td> <td>20 Business Days – knowns only</td> </tr> <tr> <td>20 Business Days</td> <td>30 Business Days</td> <td>40 Business Days 50 Business Days</td> </tr> <tr> <td></td> <td></td> <td>60 Business Days</td> </tr> </table>			Serology, STR, Y-STR & miniSTR	Mitochondrial DNA Analysis		5 Business Days	10 Business Days	20 Business Days – knowns only	20 Business Days	30 Business Days	40 Business Days 50 Business Days			60 Business Days
Serology, STR, Y-STR & miniSTR	Mitochondrial DNA Analysis													
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20 Business Days	30 Business Days	40 Business Days 50 Business Days												
		60 Business Days												

Case Background & Instructions:
 If this is an additional submission, please note the Bode Cellmark case number here:

Billing Information (Required)	Method of Payment (Required)
Name:	Purchase Order #:
Name of Agency:	Contract #:
Address:	Credit Card #: (call 1-866-263-3443 x795 to provide)
City/State/Zip:	Grant #:
Office #:	Other:
Fax #:	Bode Cellmark Quote #:
Email:	

Bode Cellmark Forensics
 10430 Furnace Rd., Suite 107, Lorton, VA 22079
Bode.Service@bodetech.com
 1-866-263-3443

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Investigating Agency Information (Required)	Authorized Point of Contact (Required)
Name of Agency:	Name:
Address:	Phone #:
City/State/Zip:	Fax #:
Agency Case #:	Email:
ORI #:	Will the investigating agency receive a copy of the Forensic DNA report? Yes No
ME/Coroner #:	
NCIC #:	
NamUs UP #:	

Collecting Agency Information (Required)*	Authorized Point of Contact (Required)
*Note: Complete if different from investigating agency	Name:
Name of Agency:	Phone #:
Address:	Fax #:
City/State/Zip:	Email:
Agency Case #:	Will the collecting agency receive a copy of the Forensic DNA report? Yes No

NOTE: Bode Cellmark Forensics' policy indicates that only those listed as an Authorized Point of Contact (POC) will be given information in regards to the testing and results of the respective submitted cases(s). Please list below any additional Authorized POCs.

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Additional Authorized Point of Contact	Additional Authorized Point of Contact
Name:	Name:
Agency:	Agency:
Phone #:	Phone #:
Email:	Email:

Bode Cellmark Case # _____

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Missing Person Information (Required)			
Name of the Missing Person (Last, First, MI):			
Age when Missing:	Sex: Male Female	Dental Records Available? Yes No	Race: African-American Asian Caucasian Hispanic Native American Other (specify) _____
Last Contact Date:	Hair Color:		
Last Contact City/County:	Eye Color:		
Last Contact State:			
Physical Identifiers (i.e. scars, marks, tattoos, medical devices, etc):			

Family Member Providing Reference Sample Information (Required)				
Name (Last, First, MI):				
Address:		Sex: Male Female	Race: African-American Asian Caucasian Hispanic Native American Other (specify) _____	
Date of Birth:	Phone Number:			
Relationship to Missing Person:				
<p style="text-align: center;">Circle the box below indicating Relationship to the Missing Person:</p> <p style="text-align: center;"><i>Note: Close blood relatives such as the missing person's biological mother, father, child, brothers, or sisters will typically be the most informative.</i></p> <p>Key: <input type="checkbox"/> Maternal Relative <input checked="" type="checkbox"/> Maternal Relative (if missing person is female) <input checked="" type="checkbox"/> Paternal Relative (if missing person is male)</p>				

Bode Cellmark Case # _____
Submitting Agency Reference Case # _____



Bode Cellmark Forensics Missing Persons Program

Family Reference Submission Form

If STR data is obtained, will CODIS entry or search be requested? (Required)	Yes	No
<p>Bode Cellmark Forensics (BCF) is not an NDIS participating laboratory. BCF has a Memorandum of Understanding with Baltimore City Police Department (BCPD) to review and enter eligible STR & Y-STR missing persons, unidentified human remains and family reference sample case submissions into CODIS. Checking this box authorizes BCF to share case information and resulting profile data with BCPD. Pre-approval of cases by BCPD is required. CODIS eligibility for upload will be determined by BCPD. The BCPD will contact the appropriate agencies with the results of any CODIS matches or if additional information is required.</p>		

Donor Consent (Required)
<p>I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.</p> <p>I freely and voluntarily consent to provide my sample(s) for DNA analysis and entry into the Combined DNA Index system (CODIS) database, maintained by the FBI under authority of Title 42, United States Code, section 14132. Law enforcement agencies having online access to the missing persons database may search against my DNA profile for potential matches.</p> <p>I understand that the information I have provided is protected by the Privacy Act notices from the National DNA Index System and FBI's Central Records System as most recently published in the Federal Register, I also understand that my sample(s) will be destroyed and my DNA profile will be removed from the CODIS database if my family member is positively identified.</p> <p>I understand that I am not required or obligated to provide a DNA sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile to the anonymous population database to aid in statistical inferences. The database will not contain any of my personal information and the DNA profile cannot be associated with me as a donor.</p> <p>I authorize the appropriate law enforcement agent listed below to collect this sample(s) for the sole purpose of identifying my missing family member. I have witnessed my sample(s) being collected and a label with my name has been attached to each sample(s). The sample(s) were then placed in the sample collection pouch and sealed.</p> <p>Signature of family member or Legal guardian giving consent: _____ Date: _____</p>

To Be Completed by Collector (Required)
<p>I, on the date of _____ at _____: _____ a.m. p.m. verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.</p> <p>Law Enforcement Agent collecting DNA samples: _____ Print Name: _____</p> <p>Signature: _____</p>

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Family Reference Submission Form

Evidence Submitted			
Were any samples collected in the state of New York?		Yes	No
Item # or Agency ID #	Name of Donor (Last, First, MI)	Check the appropriate boxes for desired testing	Permission to Consume (if necessary)
		STR Y-STR mtDNA	Yes No

NOTE: A separate form must be filled out for each family member donating a sample(s).

All evidence items must be shipped using a traceable carrier (i.e. FedEx, UPS, Priority Mail) with signature required. Overnight shipping is recommended.

Evidence should be shipped to:
Attn: EVIDENCE DEPARTMENT
Bode Cellmark Forensics
10430 Furnace Rd., Suite 107
Lorton, VA 22079

Chain of Custody (Required)		
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Released by	Printed Name:	Signature:
Released to	Courier (if applicable):	Tracking # (if applicable):
Received at	Printed Name:	Signature:
Bode Cellmark	Date:	Time:

I hereby certify that the information provided on this Unidentified Remains Form is accurate to the best of my knowledge. I understand that I will be charged for services according to the pricing that I have received.

Point of Contact Print Name: _____ Date: _____

Point of Contact Signature: _____

Bode Cellmark Case # _____

Submitting Agency Reference Case # _____